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Letter dated 1 September 2015 from the Secretary-General addressed to the President of the General Assembly

1. The present letter on the work of the United Nations in response to the Ebola outbreak in West Africa covers developments from 1 to 31 July 2015, the 300-day mark since the establishment of the United Nations Mission for Ebola Emergency Response (UNMEER). It records activities carried out by my Special Envoy on Ebola and UNMEER and provides an update on progress made in the Ebola response pursuant to General Assembly resolution 69/1 since my letter of 24 July 2015 (A/69/992).

Way forward

2. The people and nations affected by Ebola looked to the United Nations system for support and assistance in the face of the outbreak. A number of United Nations system entities have offered sustained support in responding to the outbreak, supporting the restoration of essential services and recovery efforts and building preparedness in the region. They have done so under the stewardship of national leaders, engaging with local communities and supporting local and national response efforts. They have coordinated closely with national and international non-governmental organizations, regional organizations and the assistance, operations and medical teams deployed by foreign Governments.

3. On 17 September 2014, at the height of the Ebola crisis, I wrote to the President of the General Assembly and the President of the Security Council, indicating that I intended to establish the first-ever United Nations emergency health mission to harness the capabilities of all the relevant United Nations actors under one crisis management system to reinforce unity of purpose among responders and to ensure a rapid and effective response to the crisis (see A/69/389-S/2014/679). My decision, which followed a joint request from the Presidents of Guinea, Liberia and Sierra Leone for the United Nations to coordinate international support to nationally led response efforts, was heralded by the international community. UNMEER was established on 19 September 2014 following the adoption by the General Assembly of resolution 69/1.

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4. I also indicated that the Mission would be a temporary measure, existing only as long as was necessary to stem the crisis. I wrote that, when Ebola no longer posed a grave threat to the people of the infected countries, the Mission would have achieved its objective and would be disbanded. As a temporary entity, UNMEER was not created to replace or supplant any operational actor on the ground. Rather, with many United Nations operational actors active in the affected countries since the onset of the outbreak, the establishment of UNMEER was intended to respond to the growing severity of the emergency by enhancing the efforts of responders through the establishment of a crisis management system. That system would help United Nations entities to align their efforts, work in synergy and scale up effective action in support of the affected populations through a single and unified response.

5. By design, UNMEER combined the technical expertise of the World Health Organization (WHO) with the operational and coordination capabilities of other United Nations agencies, funds and programmes and relevant United Nations entities, working with host Governments, the United Nations system and other national and international stakeholders to put in place the lines of action essential to containing and stopping the outbreak. Considerable progress in the effort to bring the outbreak under control and to scale up national and international response capacity has been made, as reflected by the recent case numbers.

6. It is in this context that, on 31 July, I announced the closure of UNMEER, thereby marking an important milestone in the global Ebola response. The Mission had contributed to scaling up the response in the affected countries and established focused coordination of responders, thus fulfilling its core objectives. On 1 August, oversight of the United Nations system's Ebola emergency response was fully transferred from UNMEER to WHO, under the direct authority of the WHO Director General. The transition to WHO management was informed by an assessment of the progress made to date, taking into account the evolving nature of the emergency operation from a large-scale logistical effort to a targeted public health effort. The response continues to require a high level of intensified inter-agency collaboration and support for Governments in order to end the outbreak. WHO will coordinate all efforts necessary to meet that objective.

7. To maintain the high-level, dedicated United Nations leadership needed to reach zero cases, I determined that the Ebola crisis managers would remain in the affected countries beyond the Mission's lifespan under the oversight of WHO, with the support of the resident coordinators and United Nations country teams, until the end of December 2015 and possibly beyond, subject to a reassessment of exigencies on the ground. In Liberia, my Deputy Special Representative for Recovery and Governance for Liberia and Resident Coordinator, with the support of the United Nations country team and the United Nations Mission in Liberia, will provide the high-level United Nations leadership for the Ebola emergency response.

8. Over the past five months since I began to signal the eventual transition of UNMEER as the situation on the ground progressively improved, United Nations agencies, funds and programmes, the Office for the Coordination of Humanitarian Affairs, the United Nations Mission in Liberia and national and international partners have undertaken the operational functions, such as logistics, field crisis management and information management, necessary to enable a seamless transition. Planning began in earnest more than five months ago to support a transition that would enable national and international partners, including United

Nations system entities, to scale up their presence and capacity on the ground and mobilize the resources necessary to support a transition that would leave no gaps behind. The methodological planning process undertaken to facilitate the transition and the corresponding scale-up of national capacity and partner support, thereby enabling UNMEER to wind down, cement the legacy of the United Nations system working as one in responding to an unprecedented crisis. I extend my gratitude to the key national response actors who supported the transition. I also recognize and commend the United Nations principals for their personal engagement and leadership in ensuring the full support of their respective entities throughout the response to date and for continuing to stay the course to reach zero cases.

9. The next phase of the response, led by WHO, will be two-pronged and focused on, first, defining and rapidly interrupting all remaining chains of transmission and, second, identifying and managing the remaining risks in all previously affected locations. The sustained engagement of communities will remain an integral component of both facets. The United Nations system, with the strategic advocacy and resource mobilization support of my Special Envoy and under the oversight of WHO, will continue to encourage unity of purpose among all Ebola response partners until transmission has been interrupted throughout the region. The efforts will also be closely coordinated with the resident coordinators and United Nations country teams in the affected countries, who will, in tandem, take the lead on system-wide coordination and management of recovery programmes.

10. July was a significant month in the drive to reach zero cases in West Africa. In Guinea and Sierra Leone, the last week of July saw the lowest case incidence since mid-2014. The geographical spread of the outbreak has now been greatly reduced. The vast majority of cases in Guinea, Liberia and Sierra Leone can be epidemiologically linked to a known chain of transmission. In another positive development, WHO announced on 31 July that a vaccine trial in Guinea had yielded very promising results. While the vaccine has yet to be licensed or recommended outside clinical trial settings, once approved it will be an additional tool to combat the virus in the event of future outbreaks. In the meantime, all contacts and contacts of contacts of new cases in Guinea will henceforth be offered immediate vaccination. Discussions have been initiated regarding a possible expansion of the trial to Sierra Leone.

11. The recent progress notwithstanding, we cannot yet claim victory. There remain many high-risk contacts under follow-up in the three affected countries, while some are lost to follow-up and therefore cannot be offered vaccination. Nationally led response efforts continue to require focused support from the United Nations system, among other partners, backed by sustained financing from the international community, as they work towards ending the outbreak as swiftly as possible and sustaining the achievements made.

12. The United Nations remains steadfast in its commitment to supporting the Governments of Guinea, Liberia and Sierra Leone in reaching and staying at zero cases. I commend the Presidents of those countries for the stewardship that they have continued to provide to the global Ebola response effort. I am equally appreciative of the hospitality extended to the personnel who deployed with the United Nations in the affected countries. I also take the opportunity to thank and recognize all those personnel who deployed to the region amid fear and stigma for their service and dedication.

13. I wish to thank the partners and donors who continue to work hand in hand with the affected countries and the United Nations. The generous contributions pledged during the International Ebola Recovery Conference will prove essential in helping to redress the devastating impact of Ebola on health delivery and social services institutions in Guinea, Liberia and Sierra Leone.

14. While we must continue to look ahead and persevere in support of nationally led response efforts to reach and stay at zero cases, we must also take the opportunity to look back and take stock of what we have collectively learned. We would be remiss if we did not avail ourselves of this opportunity to translate lessons learned from our response to the outbreak into supporting the need to ensure stronger national and international systems to prevent and respond effectively to future health crises and in improving our capacity, as a United Nations system, to respond to crises that fall outside the norm. The real tragedy would be if we came away from the crisis and failed to apply the lessons learned from our response to improving our crisis management capacity to respond to unorthodox crises that may occur.

15. That is why I commissioned a high-level panel on the global response to health crises, whose findings will be instrumental in strengthening national and international systems to prevent and manage future health crises. It recently completed its third series of meetings with visits to Guinea, Liberia and Sierra Leone and is due to report its findings to me by December.

16. Concurrently, a lessons-learned exercise dedicated to UNMEER is now under way. It will draw lessons from how the Mission functioned as a crisis management system to bring the entire United Nations system together to scale up the operational response to the Ebola outbreak with a view to also identifying lessons learned that are transferrable to non-health crises. The initial findings of the exercise will also inform the work of the High-level Panel on the Global Response to Health Crises.

Current situation of the Ebola outbreak

17. As at 2 August, a total of 27,898 confirmed, probable and suspected cases of Ebola had been reported in Guinea, Liberia and Sierra Leone and in seven previously affected countries (Italy, Mali, Nigeria, Senegal, Spain, the United Kingdom of Great Britain and Northern Ireland and the United States of America). A cumulative total of 11,296 confirmed, probable and suspected deaths had been reported.

18. Between 29 June and 2 August, the weekly incidence decreased from 30 to 2 confirmed cases in Guinea, Liberia and Sierra Leone combined, the lowest weekly total reported since early March 2014. In Guinea, the incidence fluctuated between 13 and 22 confirmed cases, followed by a steep decrease to 1 confirmed case in the week to 2 August. In Sierra Leone, the incidence increased to 14 confirmed cases in the week to 12 July, followed by a decrease to 1 confirmed case in the week to 2 August. In Liberia, while the outbreak re-emerged in Margibi and Montserrado counties with six confirmed cases reported in the two weeks to 12 July, no further cases have since been reported. Although the six cases belong to the same transmission chain, the source of infection remains under investigation.

19. The geographical area of active transmission has increased since June across Guinea, Liberia and Sierra Leone, with 11 prefectures, counties and districts

reporting at least one confirmed case between 29 June and 2 August. Nevertheless, transmission is mostly centred around the capital cities of Guinea and Sierra Leone and in the Guinean prefecture of Forécariah. In Guinea, Conakry and the prefectures of Forécariah, Boké, Coyah and Fria accounted for 47, 36, 10, 5 and 2 per cent, respectively, of all confirmed cases during the same period. After more than two months without a case, the prefecture of Coyah reported three cases.

20. In Sierra Leone, Western Area Urban (including the capital, Freetown), Kambia, Port Loko and Tonkolili accounted for 57, 23, 13 and 7 per cent, respectively, of all confirmed cases from 29 June to 2 August; the other 10 districts reported no cases. Tonkolili reported a confirmed case on 24 July after more than four months without a case.

21. The epicentre of the initial outbreak, in the tri-border area around the Guinean prefecture of Guéckédou, the Liberian county of Lofa and the Sierra Leonean district of Kailahun, has not recorded a confirmed case for more than 210 days; it has been more than 150 days since the last confirmed case was reported from the Guinée Forestière region. All contacts in the Guinean prefecture of Boké, the location of a recent cluster of cases, have completed 21 days of follow-up, meaning that the risk of Ebola transmission to Guinea-Bissau has decreased.

Progress towards ending transmission

Overall assessment

22. Owing to the continued Ebola transmission and the week-to-week fluctuations in case incidence, all components of the Ebola response have remained active. The confirmation of six new cases in Liberia highlighted the serious possibility that the disease could reappear in areas previously classified as free of Ebola. Similarly, the re-emergence of cases in Liberia and other areas not recently affected, such as Tonkolili, emphasized the continuing need for heightened surveillance and vigilance and continued rapid response capacity.

Progress towards meeting key targets

23. Although Liberia has recorded no new Ebola cases since 12 July, efforts continue to ensure the detection of any eventual cases through enhanced follow-up of survivors and a strengthened national policy on systematic swabbing of corpses.

24. In Sierra Leone, Operation Northern Push was extended by 90 days to maintain the progress achieved since its launch on 16 June. The second phase of the operation, Operation Enduring Zero, is intended to further identify and contain Ebola and eradicate it from infected areas in Kambia, Port Loko and Western Area districts by employing strengthened surveillance, contact tracing and, when necessary, quarantine, supporting affected communities and strictly enforcing existing bylaws.

25. In Guinea, reinforced surveillance campaigns are continuing in communities with active transmission. In July, campaigns were launched in the prefectures of Boké and Conakry aimed at conducting active case finding in households over a 21-day period. The campaigns target individual households in active transmission areas of cities too large to be entirely confined. There are also campaigns involving the confinement of entire localities in smaller areas.

26. Across the three affected countries, contact tracing remains vital in understanding the chains of transmission and rapidly isolating contacts who present Ebola symptoms. In Guinea, between 29 June and 2 August, an average of 55 new contacts were registered per confirmed case, with 1,080 contacts under follow-up as at 2 August. Some 99 per cent of those contacts are being traced daily. In Sierra Leone, contacts are distributed across four districts, with 810 under follow-up as at 2 August. Some 99 per cent of those contacts are being traced daily, with an average of 12 newly registered contacts per confirmed case. Of the newly confirmed cases reported, 81 per cent arose from registered contacts in Guinea between 29 June and 2 August, compared with 70 per cent over the same period in Sierra Leone. As at 2 August, all contacts under follow-up in Margibi and Montserrado counties, Liberia, had completed the 21-day follow-up period.

27. In the context of declining case incidence, current treatment capacity far exceeds need. Accordingly, WHO has continued to advise the ministries of health and partners on the safe decommissioning of surplus Ebola treatment centres. Each country will retain a core capacity of high-quality centres strategically located to ensure complete geographic coverage, with additional rapid response capacity held in reserve. Nine core centres will be retained in Guinea, six in Liberia and ten in Sierra Leone. As facilities are decommissioned, district health facilities are being supported to safely assume responsibility for triage and isolation or referral of cases.

28. In July, four health-care workers were infected with Ebola in Guinea, three of whom in Conakry and one in Forécariah. Two were infected in Sierra Leone.

29. There is sufficient laboratory capacity in Guinea, Liberia and Sierra Leone to meet existing needs. In July, the number of operational laboratories, coordinated by WHO, increased by one to 11 and 10 in Guinea and Sierra Leone, respectively, and remained at 3 in Liberia. In the five weeks to 2 August, 4,790 new and repeat samples were tested in Guinea, 4 per cent of which tested positive for Ebola. During the same period, 9,200 new samples were tested in Sierra Leone, of which fewer than 1 per cent tested positive. Of the 2,041 new and repeat samples tested in Liberia during the same period, 11 tested positive. In the five weeks to 2 August, the percentages of samples tested that were collected from dead bodies were 78, 52 and 77 per cent in Guinea, Liberia and Sierra Leone, respectively.

30. Sporadic incidents in Guinea and Sierra Leone highlighted the need to continue to accord priority to community engagement as a critical component of the response strategy. The average number of prefectures that reported at least one security incident or other form of refusal to cooperate per week in Guinea decreased from four in June to three in July. In Sierra Leone, the number of districts reporting at least one incident of resistance remained constant at eight per week.

31. The sufficient capacity to conduct safe burials at the national level notwithstanding, 9 of the 30 deaths from Ebola reported in Guinea between 29 June and 2 August occurred in the community. Over the same period in Sierra Leone, 8 of the 19 deaths from Ebola occurred in the community. Unsafe burial practices continued to be of concern: 28 reports of unsafe burials were received by the WHO country office in Guinea between 28 June and 2 August, while rumours of illegal burial practices remained under investigation in Sierra Leone.

Update on the operational activities carried out by the United Nations system through the Mission and its partners

32. Throughout July, the support of the United Nations system and partners focused on Operation Northern Push in Sierra Leone, the reinforced surveillance campaigns in Guinea and efforts to investigate and stem the transmission of Ebola in areas in which it had re-emerged after several months without any cases. Households hosting identified Ebola contacts were restricted in their movements and provided with a full package of services to meet their immediate social needs for more than 21 days, including free medical care, food and non-food items and water, either by trucking or the installation of new water points. Infection prevention and control measures were intensified and extensive training provided in all affected areas, targeting in particular health-care workers and communities at risk.

United Nations partners

33. By the end of July, Médecins sans frontières had nearly 1,500 national staff and 100 international staff on the ground and four operational Ebola management centres. In Guinea, a new centre in Boké was opened early in July, while in Conakry the organization moved from the Donka hospital to a new facility in Nongo. In Sierra Leone, the organization's maternity Ebola management centre in Freetown also began to accept suspected and confirmed Ebola cases who were not pregnant. In Liberia, the organization is running a 69-bed paediatric hospital in Monrovia to support the restoration of the secondary health system and is also operating a clinic specifically for Ebola survivors.

34. In Guinea, the number of safe and dignified burials conducted by the Guinean Red Cross reached an all-time high in July, with 2,764 burials (an average of 700 per week). The increase followed the Government's extension of such burials to all deaths nationwide on 25 June. While the Guinean Red Cross is burying almost all persons whose deaths are reported, two thirds of expected deaths are going unreported, with a handful of deaths announced only after the burial has been conducted.

United Nations system

35. To date, the United Nations Children's Fund (UNICEF) and partners have reached more than 4 million households with interpersonal communication skills training for Ebola prevention in the three affected countries. In Guinea, UNICEF continued to support social mobilization activities. In partnership with the National Scout Association of Guinea, social mobilization efforts targeted the border area with Guinea-Bissau, where 1,204 people benefited from awareness-raising activities.

36. To counter persistent rumours about Ebola that were deterring communities from reporting deaths, practising safe burials and participating in vaccination trials, UNICEF deployed 15 social anthropologists from Sonfonia University, Conakry, to the affected prefectures and in Conakry to gain a better understanding of and address concerns. In addition, as a first step in a large-scale project with the Ministry of Transportation, some 700 staff received training and subsequently checked the temperatures of 1.8 million passengers and ensured hand-washing

compliance at major traffic junctions in Conakry, including bus stations, railway stations and harbours.

37. In response to continuing transmission in the Kambia, Port Loko, Tonkolili and Western Area districts of Sierra Leone, UNICEF deployed 51 national and international community engagement and other technical specialists and an additional 3,200 social mobilizers. District-specific social mobilization and community engagement plans were prepared as part of Operation Northern Push in Kambia and Port Loko and Operation Safeguard in Western Area. In July, 1,811 traditional leaders, paramount and section chiefs and 509 traditional healers from Kambia and Port Loko were enlisted to spearhead community engagement activities in their communities. Ebola survivor task forces have been formed in all the hotspots in Western Area Urban and continue to provide community feedback on key Ebola prevention issues. There has been systematic engagement with ward councillors and ward task forces.

38. During the recent flare-up of Ebola cases in Margibi and Montserrado counties, Liberia, UNICEF provided assistance, including drinking water, infection prevention and control supplies, blankets and mattresses, tents for isolation, hand-washing buckets, chlorine and gloves, to contacts under voluntary isolation. It also provided health facilities with decontamination support, mobile toilets and emergency shower facilities with soakaways. Two schools were decontaminated and children provided with psychosocial support. Outreach activities to 3,120 households were undertaken. In addition, UNICEF provided support to set up an emergency operations centre and a holding centre in Margibi county and equipped responders with personal protective equipment.

39. Hygiene kits distributed in the context of outreach campaigns throughout the region have benefited more than 4 million people. UNICEF and water, sanitation and hygiene partners have provided almost 1,500 Ebola and non-Ebola health-care facilities with water, sanitation and hygiene facilities. Related activities included the rehabilitation or construction of 118 boreholes in Guinea and, in Sierra Leone, the construction of 256 household latrines in Kambia and Port Loko since the beginning of Operation Northern Push. In Liberia, UNICEF is supporting the rehabilitation of water, sanitation and hygiene facilities in 50 health-care facilities and assisting the Ministry of Health and Social Welfare to put in place standard guidelines for water, sanitation and hygiene in health facilities. More than 7,000 Ebola patients have received nutritional support from UNICEF and partners and some 2,000 Ebola-affected children have received ready-to-use infant formula.

40. To date, in excess of 18,000 children have been registered as having lost one or both parents, or their primary caregivers, to Ebola in Guinea, Liberia and Sierra Leone. Of those children, more than 12,000 have been provided with a minimum package of support from UNICEF. Some 130,000 children have received psychosocial support. In those countries, UNICEF continues to support care centres for asymptomatic children who are high-risk contacts for Ebola cases. All children in quarantined households continued to receive follow-up visits, counselling and psychosocial support sessions facilitated by UNICEF and partners, including after they had been discharged.

41. In July, WHO had 864 national and international staff, including more than 318 epidemiologists, deployed in 68 locations in the three affected countries. It continued to coordinate and deploy international technical assistance through the

Global Outbreak Alert and Response Network. Currently, there are 63 experts deployed for critical response functions (32 in Guinea, 8 in Liberia, 21 in Sierra Leone and 2 at WHO headquarters). A further 65 experts are being deployed to the field. Since March 2014, WHO has deployed 872 experts from partner institutions and networks and mobilized 58 foreign medical teams from more than 40 partner organizations. In addition, 82 organizations have been involved in supporting foreign medical teams and Ebola treatment centres. WHO plans to sustain a large presence beyond the end of the outbreak to ensure sufficient surveillance capacity and to support the countries in their implementation of early recovery plans.

42. On 23 March, the Guinean authorities, WHO, Médecins sans frontières and the Norwegian Institute of Public Health, with support from a broad partnership of national and international organizations, began a phase three trial of the VSV-EBOV vaccine in affected communities to evaluate the efficacy, effectiveness and safety of a single dose.

43. A "ring" approach has been adopted. The premise is that, by vaccinating all people who have come into contact with an infected person, a protective "ring" is created that can stop the virus from spreading further. The strategy has helped the researchers to follow the dispersed epidemic in Guinea and will provide a way to continue that as a public health intervention in trial mode.

44. To date, more than 4,000 close contacts of almost 100 Ebola patients, including family members, neighbours and co-workers, have voluntarily participated in the trial. Randomization was halted on 26 July to allow for all people at risk to receive the vaccine immediately and to minimize the time necessary to gather more conclusive evidence needed for eventual licensure of the product. Until then, 50 per cent of the rings were being vaccinated three weeks after the detection of a case to provide a term of comparison with rings vaccinated immediately. The trial will now expand to include young people between 13 and 17 years of age and, possibly, children between 6 and 12 years of age on the basis of new evidence that the vaccine is safe. In parallel with the ring vaccination trial, researchers are conducting a trial of the same vaccine on front-line workers.

45. On 31 July, WHO and partners released the results of an interim analysis of the trial, which indicated that the vaccine was highly effective against Ebola. The independent body of international experts that conducted the review — the data and safety monitoring board — advised that the trial should continue. While the vaccine shows full efficacy in individuals to date, more conclusive evidence is needed regarding its capacity to protect populations through herd immunity. The Guinean national regulatory authority and ethics review committee have approved the continuation of the trial.

46. The International Organization for Migration (IOM) has expanded land, air and sea border monitoring and screening in the three affected countries. It has provided infrastructure, screeners, training and supplies to the Government of Liberia following the detection of new cases, including refresher training on Ebola prevention and community preparedness for 90 general community health volunteers in Grand Bassa county. In addition, capacity-building for 105 health screeners to support border-reopening processes for counties bordering Côte d'Ivoire continued throughout July.

47. In Sierra Leone, IOM has added more than 150 new health screening monitors, roving motorcycle teams and data collectors at flow monitoring points on and around the border between Guinea and Sierra Leone in Bombali and Kambia districts and at key seaports in Freetown. Its teams are helping to collect vital headcount data, disaggregated by port of origin/destination and gender, among others, in support of surveillance and contact tracing efforts. IOM has also completed its training of more than 100 Sierra Leonean soldiers deployed to border crossings in Kambia district. The IOM-managed National Ebola Training Academy, in partnership with WHO, the College of Medicine and Allied Health Sciences, the Sierra Leonean armed forces and the Ministry of Health and Sanitation, has to date trained in excess of 8,400 health-care professionals and front-line responders in infection prevention and control, advanced health screening and clinical care.

48. In Liberia, payments by the United Nations Population Fund (UNFPA) to 2,622 contact tracers in six counties enabled continued active case searching and alerts covering more than 40,000 households. Nine field focal points recruited by UNFPA continued to provide coordination and monitoring support for surveillance efforts in the six counties. In Guinea, UNFPA continued to support response efforts by providing solidarity kits to Ebola-affected populations and communication tools to support contact tracing efforts in the prefectures of Conakry and Forécariah.

49. In Sierra Leone, 1,240 enhanced contact tracers and 234 contact tracing supervisors are supported by UNFPA nationwide. UNFPA is providing further support to contact tracing efforts in the active transmission districts of Kambia, Port Loko, Tonkolili and Western Area. Seventy-seven additional contact tracers have been added to ensure swift mobilization in new hotspots.

50. As a result of the recent confirmed case in Tonkolili district, WHO is redeploying additional resources to ensure effective event monitoring and investigation with a view to enhancing the timeliness of responses to any subsequent cases.

51. WHO provided technical assistance to the technical working group on comprehensive care for Ebola survivors, which is led by the Ministry of Health and Sanitation and the Ministry of Social Welfare, Gender and Children's Affairs. The working group coordinates with partners committed to the provision of medical and psychosocial services to Ebola survivors, maintains a secure registry of survivors and provides governance for proposed and current research involving survivors.

52. The Office for the Coordination of Humanitarian Affairs provided support to the newly recruited field coordinators in the hotspots of Port Loko, Kambia and Tonkolili by identifying solutions to coordination challenges in order to enable a more timely, predictable and cohesive response (see para. 60).

53. In July, the Office focused on continuing to provide surge support in Ebola hotspots in Guinea. Its field coordinators were deployed to Boké, Conakry and Forécariah to support detection campaigns and coordination among Ebola response actors. It initially provided supervisory support to the national detection and awareness-raising campaigns launched in Boké and Conakry in July, but subsequently withdrew its field presence in Boké, following 21 days with no new cases, and shifted its focus to Conakry. It is also working with WHO and partners to ensure the distribution of assistance packages to the some 1,300 highly vulnerable survivors of Ebola in Guinea.

54. In the light of the recent decrease in the geographic scope of operational and logistical demands, the World Food Programme (WFP) plans to progressively reduce the provision of logistical services from October. The WFP-led logistics and emergency telecommunications clusters are already coordinating with their respective partners to facilitate the transition and ensure a smooth handover of the services to commercial solutions. Nevertheless, WFP remains operationally equipped to promptly mobilize a response should new cases appear, as demonstrated by the rebuilding of six rapid isolation treatment kits in Liberia.

55. To date, the United Nations Humanitarian Air Service has transported some 21,810 passengers throughout the region. Its fleet currently consists of three fixed-wing aircraft and five helicopters, two of which are specially equipped for the medical evacuation of health and humanitarian personnel with Ebola-like symptoms.

56. The WFP-led emergency telecommunications cluster is providing Internet services to 80 humanitarian facilities in Guinea, Liberia and Sierra Leone, ensuring reliable Internet access for more than 2,100 humanitarian responders. WFP and the cluster continue to support the implementation of the WFP-WHO joint collaboration. In Liberia, all prefabricated structures and ablution units were delivered and set up. In Sierra Leone, Operation Northern Push led to an increase in activities in Kambia and Port Loko, increasing the number of staff and related office space, accommodation and fuel supply needs.

57. In Sierra Leone, the United Nations Development Programme (UNDP) and the United Nations Entity for Gender Equality and the Empowerment of Women distributed 180 solidarity kits, through which some 500 survivors and destitute families were able to gain access to basic services. UNDP also processed hazard payments for June and July for nearly 3,000 front-line Ebola health-care workers.

58. UNDP supported the construction of six isolation units for the most overcrowded detention facilities in Sierra Leone for use during the 21-day incubation period. In the post-Ebola phase, the units will be repurposed as rehabilitation facilities for inmates. UNDP has also helped to build the capacity of more than 200 corrections officers in infection prevention and control and distributed personal protective equipment to all 17 correctional centres nationwide. Since January 2015, 496 people have received legal aid services in order to reduce overcrowding of detention facilities and the risk of Ebola transmission among inmates.

59. In July, UNMEER oversaw the completion of all outstanding community-based projects funded through the Ebola Response Multi-Partner Trust Fund in Guinea, Liberia and Sierra Leone. Since the inception of the Mission, $930,000 has been disbursed from the Trust Fund for 13 projects in Guinea, $655,000 for 70 projects in Liberia and $700,000 for 46 projects in Sierra Leone. In the light of the closure of the Mission, the oversight and management of community-based projects funded through the Trust Fund were transferred to the resident coordinators in the three countries. They will continue, in conjunction with UNDP and the United Nations Office for Project Services, to implement projects until the end of 2015. In Guinea, an additional $1 million from the Trust Fund was transferred from UNMEER to UNDP to that end. In Liberia, where UNDP has taken over the management and administration of community-based projects funded through the

Trust Fund, some 70 community-based organizations have been identified to receive up to $5,000 per project.

60. As part of the transition of its operational activities to the United Nations country team in Sierra Leone, UNMEER facilitated the establishment of positions of United Nations country team field coordinator at the district level. The field coordinators will be the main focal points for the coordination of all United Nations activities in support of district-level Ebola response efforts. Members of the country team from UNICEF and WHO have already been appointed as field coordinators in Kambia, Port Loko, Tonkolili and Western Area. Field coordinators will be designated for the other districts in the coming weeks.

61. In both Guinea and Sierra Leone, UNMEER handed over all operational functions and closed its programmatic activities on 31 July and 30 June, respectively. A small substantive team remained on the ground in Sierra Leone in July to reinforce the coordination of response activities and resource mobilization in support of surge efforts. Ahead of its closure, UNMEER completed the transfer of its remaining vehicles to governmental partners, United Nations entities and non-governmental actors involved in the Ebola response.

Activities of the Special Envoy on Ebola

62. My Special Envoy continued to provide strategic leadership and guidance to the Ebola response effort, including through weekly meetings of the Global Ebola Response Coalition. In addition, he continued to conduct outreach and advocacy with Member States, civil society, the private sector, philanthropic foundations and the global media to support resource mobilization efforts. A representative of his office participated in an international conference on Africa's fight against Ebola, organized by the African Union in Malabo on 20 and 21 July. The participants adopted a statute for an African centre for disease control and prevention, which provides for the establishment of the centre in Addis Ababa and an office in each of the five regions of the African Union.

63. The Government of Belgium pledged to contribute €8 million ($8.8 million) over 2015 and 2016, the Government of Turkey $1.5 million, the Government of China $5 million and the Government of the Republic of Korea $5 million to the Ebola Response Multi-Partner Trust Fund, which is managed by my Special Envoy. As at 31 July, contributions totalling $140.7 million had been made to the Trust Fund, of which $133.6 million had been disbursed to a total of nine United Nations entities to support critical Ebola response interventions.

Building resilience and supporting recovery

Ebola recovery planning

64. I hosted an international conference on Ebola recovery on 9 and 10 July, which was organized by UNDP with support from my Special Envoy, in partnership with the Governments of Guinea, Liberia and Sierra Leone and the African Development Bank, the African Union, the European Union and the World Bank. Its purpose was to focus international attention on the need for targeted investment in those three countries to support recovery priorities over a 24-month time frame and to mobilize funding to meet those needs. An estimated $5.2 billion in pledges was recorded, comprising an estimated $3.47 billion announced on 10 July and $1.79 billion in

resources previously committed. The United Nations, in close cooperation with the affected countries and the Mano River Union, will continue to work with donors to obtain the disbursement of the pledged funds to Guinea, Liberia and Sierra Leone. The Office for the Coordination of Humanitarian Affairs facilitated the participation of key international and national non-governmental organizations active in the Ebola response in the three affected countries in the technical thematic sessions.

Non-Ebola health care

65. Throughout the response, the national Governments, UNICEF, WHO and partners have undertaken vaccination campaigns for children and revitalized maternal, infant and child health-care services. In Liberia, countrywide measles and polio campaigns were completed and more than 600,000 children between 6 and 59 months of age received vitamin A. In Guinea, as a result of nationwide UNICEF-sponsored health and vaccination campaigns, nearly 1.5 million children received vitamin A supplements and almost 1.3 million received deworming treatments. In preparation for a meningitis campaign in Guinea in August, 40 civil society representatives were trained on immunization-related communication and social mobilization strategies. At the end of July, UNICEF handed over 19 ambulances, 15 motorcycle ambulances and 122 motorcycles, together with hundreds of medical kits, to health facilities, including 450 health-care centres and 1,300 health posts.

66. In Sierra Leone, a maternal and child health care week, an integrated measles, polio and routine defaulter tracing campaign and a house-to-house polio and birth registration campaign were completed. UNICEF supported the Ministry of Health and Sanitation and the 13 district health management teams with the organization of on-the-job training, coaching and mentoring for 165 chiefdom health supervisors to provide supportive supervision to all 1,185 peripheral health units. UNFPA is supporting the Ministry in reviving service delivery for sexual and reproductive health and rights, including through the restoration of an effective referral system in support of efforts to prevent and respond to sexual and gender-based violence.

67. The Governments of Guinea, Liberia and Sierra Leone, with support from WHO, organized the first-ever intercountry meeting on infection prevention and control, held in Monrovia from 20 to 22 July. The participants shared their experiences of infection prevention and control and water, sanitation and hygiene practices, in addition to planning the implementation of the infection prevention and control strategies outlined in national recovery plans. Key recommendations included building national expertise, improving the procurement and supply of essential infection prevention and control materials and ensuring a comprehensive and integrated approach to infection prevention and control during the Ebola outbreak and beyond to guarantee sustainability.

68. In Guinea, WHO continued to assist the Government in training non-governmental organizations to adhere to national infection prevention and control and triage standards. In Sierra Leone, it has worked with the Ministry of Health and Sanitation to train national infection prevention and control officers and more than 2,100 health-care workers on infection prevention and control. Continuous quality improvement is promoted through weekly internal assessments of Ebola and non-Ebola health-care facilities. The Government of Liberia, together with WHO, has trained some 8,000 health-care workers in triage and isolation, blood collection, hand hygiene and waste management.

69. WHO has supported the three affected countries in the development of an essential health services situation report, which will allow countries and partners to monitor monthly progress in the safe reactivation of routine health services and the extent of population coverage. Efforts are under way to ensure alignment with countries' existing data collection systems.

70. As a member of the technical advisory board, WHO continues to assist the West African Health Organization in its efforts to establish a West African regional centre for disease control, envisaged to cover the 15 States members of the Economic Community of West African States, including Guinea, Liberia and Sierra Leone.

71. Drawing from experience acquired and lessons learned from the Ebola outbreak, WHO organized a high-level meeting on building health security beyond Ebola, held in Cape Town, South Africa, from 13 to 15 July, at which the participants focused on the priorities and action needed to strengthen health system resilience. The 200 participants from Governments, donors, technical agencies and civil society emphasized the importance of building strong health systems with critical linkages to health security. My Special Envoy addressed the participants. Going forward, WHO will focus on supporting countries to carry out joint assessments, develop, implement and test national plans and monitor implementation to assess gaps.

72. Under the auspices of an early recovery task force commissioned by WHO, efforts to support the technical requirements of each country for early recovery have brought together technical experts and associated resources to develop a prototype compendium of resources. An early recovery toolkit has been made available to WHO country offices to assist Governments in safely reactivating essential health services. It is being updated in real time as new approaches, resources and case studies emerge during the early recovery period and will be reissued at least every two months in 2015.

73. In Sierra Leone, WHO continues to assist the Government in providing routine immunizations in all districts with infection prevention and control measures in place. In Liberia, WHO supported the implementation of a national polio campaign, the preliminary results of which are expected to highlight that it reached its target population.

74. In Liberia, the national malaria control programme successfully ended early in July following the nationwide distribution of 2,195,800 long-lasting insecticidal mosquito nets. WHO and UNICEF are currently supporting the programme in devising a new national strategic plan for malaria control in the context of Ebola. At the request of Guinea, Liberia and Sierra Leone, the programmes in those countries will receive specific additional technical assistance from WHO at all levels, adapted to the special needs identified during the Ebola recovery phase.

Protection

75. In Sierra Leone, the Government approved a mental health and psychosocial support strategy and guidelines for a basic services package. UNICEF provided technical support to the development of the strategy and will continue to support interventions guided by it. In July, UNICEF also trained 25 government staff in case management and child protection information management systems to build

capacity to identify and monitor Ebola-affected children. In Guinea, UNICEF and partners have trained 5,889 community leaders in child protection and psychosocial support and organized plays and recreational sessions. In addition, 714 village councils for child protection have been established. In Liberia, UNICEF has supported two mobile teams in the provision of 12,000 birth certificates to reduce the backlog in birth registration resulting from the outbreak.

76. In all three affected countries, UNFPA continued to support the relevant ministries in their efforts to tackle sexual and gender-based violence, implementing programmes offering psychosocial assistance and services to survivors of such violence. In Guinea, UNFPA has supported the capacity-building of security sector officers and the training of health-care workers with regard to preventing such violence and caring for victims.

Education

77. UNICEF and education partners continue to collaborate with the ministries responsible for education in each of the three affected countries to ensure adherence to safety protocols in schools. Across those countries, 25,500 schools have been equipped with minimum hygiene packages for Ebola prevention, benefiting 5.5 million children, and 110,000 teachers have been trained in Ebola prevention and in psychosocial support. A total of 63 radio stations continue to air learning programmes. The increase in quarantined households in July affected school-age children, although UNICEF worked with the ministries and implementing partners to provide textbooks, exercise books, copies of lesson notes and solar radios to those children to support their learning during the quarantine period and to continue radio programming.

78. In Liberia and Sierra Leone, UNICEF and partners will avail themselves of the opportunity afforded by the school holidays to continue to train teachers in Ebola prevention and psychosocial interventions.

Economic impact, livelihoods and food security

79. The national Governments, the Food and Agriculture Organization of the United Nations (FAO), WFP and partners have shared the preliminary findings of household food security surveys, which indicate that 18, 14 and 43 per cent of households are food insecure in Guinea, Liberia and Sierra Leone, respectively. In Sierra Leone, 7 per cent of the population was assessed to be severely food insecure and in need of immediate assistance.

80. In Guinea, FAO, along with national counterparts, is implementing a project funded by the World Bank to support the livelihoods of affected households. Agricultural inputs were distributed to beneficiaries and implementing partners are monitoring the planting activities. A further 3,000 affected households will be supported in five coastal prefectures through the provision of rice seeds and fertilizers under a project funded by the Africa Solidarity Trust Fund for Food Security.

81. The preliminary results of the emergency food security assessment completed jointly by FAO and the ministries responsible for agriculture in the three affected countries indicate that one of the main impacts of the outbreak was the disruption of harvesting activities, resulting in limited or no food stocks for the poorest

households. The cash crop districts of Kailahun and Kenema, the first districts in Sierra Leone affected by the Ebola outbreak and quarantine measures, which were among the most food-secure districts in the WFP comprehensive food security and vulnerability analysis of 2011, are now the most food-insecure districts in the country.

82. WFP, through its emergency operation, continues to support efforts to care for the infected and contain the spread of Ebola. In Guinea, in July, it provided food assistance to 140 patients and their carers, more than 4,000 contacts and their households in Boké, Dubreka and Forécariah and in excess of 5,000 children orphaned by Ebola and their foster families. Reaching almost 300 survivors with food assistance, WFP has also begun to provide cash transfers to Ebola survivors.

83. In Liberia, following the new cases in Margibi county, WFP was requested by the Government to provide food rations to more than 2,500 people to support community self-containment efforts. In addition, it provided survivor packages, consisting of mobile phones, SIM cards and an individual 30-day food ration, to the patients discharged from the Ebola treatment unit in Monrovia. In July, WFP also reached 500 survivors and 700 children orphaned by Ebola through cash transfers.

84. In Sierra Leone, WFP is supporting communities targeted by Operation Northern Push through the provision of food assistance and will continue to do so throughout Operation Enduring Zero. In addition, it provided assistance to almost 300 patients undergoing treatment and their carers, more than 650 survivors and their households and in excess of 1,400 children orphaned by Ebola.

85. In July, WFP provided follow-up food support to some 57,000 people in former Ebola-affected areas in Guinea and Liberia. It also launched a targeted supplementary feeding programme in Guinea to provide expanded social protection support to malnourished children under 5 years of age. Through the same programme, WFP reached almost 5,000 Sierra Leonean children in July, while more than 17,000 volunteers involved in the school cleaning campaign benefited from WFP food rations. In Liberia and Sierra Leone, WFP is coordinating food deliveries alongside government-led seed distributions in an effort to mitigate the possibility of a second poor planting season in Ebola-affected areas. It has reached more than 20,000 people in Sierra Leone through such assistance. In Liberia, WFP provides logistical support to transport the seeds.

86. Also in Liberia, UNDP has completed a field assessment to draw up a list of beneficiaries under its social cash transfer project, which will target 3,000 poor, Ebola-affected and labour-constrained households in Bong county. Beneficiaries will receive nine monthly cash transfers, as well as literacy and business skills training, in accordance with guidelines established by the Government within its social protection programme.

Preventing outbreaks in non-affected countries

87. In July, experts were deployed to support preparedness activities in four priority countries in Africa: Côte d'Ivoire, Ghana, Guinea-Bissau and Mali. In addition, 16 WHO Ebola Preparedness Officers, including those assigned to 13 priority WHO country offices for six months, in addition to three thematic experts in infection prevention and control, coordination and health logistics, continued to support the priority countries.

88. In response to the Ebola cases in Boké prefecture, Guinea, on the border with Guinea-Bissau, WHO has further increased its direct support, including through the establishment of a national emergency operations centre and two sub-offices in Gabu and Tombali, with associated regional response teams. Noteworthy progress in July included the establishment of regular cross-border information exchanges between high-risk regions in Guinea-Bissau and Boké prefecture and enhanced community engagement through volunteers and community leaders. UNICEF continues to work with partners in community engagement, including through youth movements, the preparation of schools through the dissemination of an Ebola education protocol and related training and the training of social workers to provide psychosocial support.

89. Field and functional exercises were conducted in both Côte d'Ivoire (Moyen-Cavally region) and Mali (area around Bamako) to test procedures and capacity to respond to an introduced case of Ebola. Specific procedures tested included those relating to the detection of a case in the community or at an international point of entry, the deployment and investigation of rapid response teams, the establishment and implementation of contact tracing and case management and infection control at an Ebola treatment centre.

90. As at 31 July, 64 per cent of priority countries had implemented at least 50 per cent of the Ebola preparedness checklist, compared with 7 per cent in December 2014.

91. I should be grateful if you would bring the present letter to the attention of the members of the General Assembly.